Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number: /

### Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: CC-SOB-11 SERFF Tr Num: DDAR-127333678 State: Arkansas
TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 49369

Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num:

Filing Type: Form

Reviewer(s): Rosalind Minor

Implementation Date:

State Status: Approved-Closed

Author: Sara Farris Disposition Date: 07/27/2011

Date Submitted: 07/21/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

State Filing Description:

#### **General Information**

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:

Explanation for Combination/Other: Market Type:

Submission Type: New Submission Overall Rate Impact:

Filing Status Changed: 07/27/2011

State Status Changed: 07/27/2011 Deemer Date:

Created By: Sara Farris Submitted By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

We have a group that would like its coinsurance rates to be based on the dentist's submitted charge, instead of the Maximum Plan Allowable (MPA). Some of the group's employees live in the Virgin Islands, where Delta Dental of Arkansas has no network providers. This change will benefit the subscribers, who will pay less in coinsurance as a result of this change.

# **Company and Contact**

#### **Filing Contact Information**

Sara Farris, sfarris@ddpar.com
1513 Country Club 501-992-1662 [Phone]

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number: /

Sherwood, AR 72120 501-992-1663 [FAX]

**Filing Company Information** 

Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas

1513 Country Club Rd. Group Code: Company Type:
Sherwood, AR 72120 Group Name: State ID Number:

(501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

-----

### **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Delta Dental of Arkansas \$50.00 07/21/2011 49984802

 SERFF Tracking Number:
 DDAR-127333678
 State:
 Arkansas

 Filing Company:
 Delta Dental of Arkansas
 State Tracking Number:
 49369

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number:

# **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	07/27/2011	07/27/2011

 SERFF Tracking Number:
 DDAR-127333678
 State:
 Arkansas

 Filing Company:
 Delta Dental of Arkansas
 State Tracking Number:
 49369

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number:

## **Disposition**

Disposition Date: 07/27/2011

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number:

Schedule Item Schedule Item Status Public Access

Supporting DocumentFlesch CertificationApproved-ClosedYesSupporting DocumentApplicationApproved-ClosedYesFormCC-SOB-11Approved-ClosedYes

 SERFF Tracking Number:
 DDAR-127333678
 State:
 Arkansas

 Filing Company:
 Delta Dental of Arkansas
 State Tracking Number:
 49369

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number: /

# **Form Schedule**

**Lead Form Number:** 

Schedule Form	Form Type Form Name	Action	<b>Action Specific</b>	Readability	Attachment
Item Number	•		Data		
Status					
Approved-	Schedule CC-SOB-11	Initial		43.100	CC-SOB-
Closed	Pages				11.pdf
07/27/2011					

# Delta Dental of Arkansas Amendment to Schedule of Benefits [Group Name] [Group Number]

In the Schedule of Benefits, the heading "<u>Coverages and Maximum Plan Allowances</u> (<u>MPA</u>)" is deleted and replaced with the heading "<u>Coverages</u>".

In the Schedule of Benefits, "MPA" is deleted throughout and replaced with "DENTIST's submitted charges."

In the Schedule of Benefits, the following clarification is added:

DDPAR will pay allowable BENEFITS based upon the percentages shown on the Schedule of Benefits. These percentages are applied to the fees the DENTIST charges for the service.

This Amendment shall become effective on [August 1, 2011 – V].

GROUP NAME	DELTA DENTAL PLAN OF ARKANSAS, INC			
	Chief Executive Officer			
Name and Title	Name and Title			
	 Date			

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: CC-SOB-11

Project Name/Number:

# **Supporting Document Schedules**

Item Status: Status

Date:

**Bypassed - Item:** Flesch Certification Approved-Closed 07/27/2011

Bypass Reason: This form does not require a Flesch score.

Comments:

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 07/27/2011

Bypass Reason: n/a

Comments: